			_	year Ja	VIDUAL INCO anuary 1, 1999 throu or other taxable year , 1999 through	FORM 1040N 1999 ▲					
nebraska department of revenue			Read instructions before completing this form		PLEASE DO NO	T WRITE II	N THIS SPAC	E			
A											
		First Name(s) and Initial(s)	Last Name	Э							
ć	riease iybe or rillin	Home Address (Number and Street									
f	l yp	1 PLAC	RE		 Check here if you do not wish to receive a booklet next year, but need only a name and address label for filing 						
ī		City, Town, or Post Office	Zip Code		your 2000 return						
-	_	Your Social Security Number	Spouse's Social Security No.			High School Distric	Code				
		1 1							be entered using chool codes		
-								beginn	ing on page 15)		
	(1)	Farmer/Rancher (2) A	Active Military (1) Decea	ased (first name & da	te of de	eath):			/ /		
-	1	Federal Filing Status					, n 🗔				
ERE		(1) ☐ Single(2) ☐ Married, filing joint	Married, filing separate – and Full Name	- Spouse's S. S. No. <u>:</u>			—	d of Housel w(er) with depe			
FOLD • HERE	2a			ind 2b Che	eck h	ere if someone (can claim you or		
豆		SPOUSE was: (3)				use as a depen	•	5) 🗌			
	3	Type of Return									
		(1) ☐ Resident (2) (2)	☐ Partial-year resident from☐ Nonresident (attach Sch			,1999 to	-	, 1999 (a t	ttach Schedule III)		
-		(2)	Nonresident (attach Sch	iedule III)							
-	4	Federal exemptions (number	er of exemptions claimed on	your 1999 feder	al ret	urn)			4		
	If you entered -0- on Federal Form: 1040A, line 25; 1040EZ, line 10; Federal TeleFile Worksheet, line K; or 1040, lines 40, 51, and 53 see Special Instructions on page 6. Check box . (Partial-year and nonresidents must still complete Nebraska Schedule III.)										
State Copy of W-2 Here		Federal adjusted gross incor Worksheet; or line 33, Form Federal standard deduction Form 1040, or Form 1040EZ	1040)	J, TeleFile Works	 heet;			5			
tate Copy	7	Total itemized deductions (lin									
Please Attach S	8	State and local income taxes	s (line 5, Schedule A, Form	1040 – see inst	ructio	ns) 8					
ase	9	Nebraska itemized deduction	ns (line 7 minus line 8)			9					
Ple	10	Enter the amount from line 6	or line 9, whichever is grea	ater (see instruct	ions)			10			
_	11	Nebraska income before adj	justments (line 5 minus line	10)				11			
	12	Adjustments increasing fede									
r Here	13	Schedule I)				12					
orde.		Schedule I)				13					
ney (If the amount on line 13 is O					see instr.)				
ş	14	(NOTE: If line 12 is zero (0), Nebraska tax table income)	14					
3ck o	•	Trobracha tax table moome	(enter into 11 pide into 12 t		.000	That o , onto					
ease Attach Check or Money Order Here	15	Nebraska income tax (reside	ents use Nebr. Tax Table; oth	ers use Nebr. So	ch. III	15					
e Atta	16	Nebraska minimum or other	tax (Forms 6251, 4972, or	5329 – see instr	uctior	ns) 16					
Pleas	17	Total Nebraska tax before	personal exemption credit (a	add lines 15 and	l 16)	<u></u>		17			
								COMPLETI	E REVERSE SIDE		

COMPLETE REVERSE SIDE

40	Amount from line 47 (Total Nebrooks toy)	10		
	Amount from line 17 (Total Nebraska tax)	10		
	claimed on line 4). If line 5 is more than \$106,000 – married/joint, \$64,000 – single,			
	\$88,000 – head of household – see page 10 of instructions. Nonresidents and			
20	partial-year residents – enter -0-, and complete line 61, Nebr. Schedule III			
20	Credit for tax paid to another state (attach Nebraska Schedule II and the other state's return)			
21	Credit for the elderly or disabled (attach copy of Federal Schedule R/			
	Schedule 3 — see instructions)			
22	CDAA Credit (see instructions)			
22	CDAA Credit (See Instructions)			
23	Form 3800N credit (<i>attach Form 3800N</i>)			
	Form 829N credit (see instructions)			
23	(see page 8 of instructions)			
	Total nonrefundable credits (add lines 19 through 25)	26		_
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If result is more than your federal tax liability and line 12 is less than \$5,000, see instructions. If entering federal tax, check box: ,			
	attach federal return copy	27		
28	Nebraska income tax withheld (attach 1999 W-2, W-2G, 1099-R, 1099-MISC,			
	or 14N)			
29	1999 estimated tax payments (include 1998 overpayment credited to 1999) 29			
	, and the particular terms of			
	Form 4136N credit (attach Form 4136N)			
31	Nebraska child/dependent care refundable credit (if line 5 is \$29,000 or less). (see page 9 of instructions)			
	(see page 9 of instructions)			
	Total of lines 28, 29, 30, and 31	32		
33	AMOUNT YOU OWE (subtract line 32 from line 27 and pay in full with return). If over \$300 and	22		
	Form 2210N is attached, check here: . Include penalty in line 33 and show here: 99 \$	33		
34	If line 32 is more than line 27, subtract line 27 from line 32. This is the amount you OVERPAID	34		
25	Amount of line 24 year want ADDI IED TO YOUR 2000 ESTIMATED TAY			
35	Amount of line 34 you want APPLIED TO YOUR 2000 ESTIMATED TAX 35			
36	Nongame and endangered species fund DONATION of \$1.00 or more 36			
37	Nebraska campaign finance CONTRIBUTION of \$2.00; \$4.00 if married			
20	Amount of line 34 you want REFUNDED to you (line 34 minus lines 35, 36, and 37). Allow 12 weeks			I
30	for your refund	38		
	Expecting a Refund?			
	Have it sent directly to your bank account! (see instructions)			
39	a Routing Number 39b Type of Account 1 = Che	cking	2 = Savings	S
	(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32 use an actual check or savings account number, not a deposit slip)		Direct	
39	c Account Number		Deposit	
	(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes		•	
9	Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and	belief,	it is correct and com	plete.
-	ere.			
	Your Signature Date Signature of Preparer if Other Than Taxpa	ayer	Date	
this re	ecords.		(
	Spouse's Signature (if filing jointly, both must sign) Daytime Phone Address		Daytime Phone	е

Mail this return and payment to: NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818 A copy of the Taxpayer Bill of Rights is available by calling any of our regional offices or visiting our Website.